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1575 USPTO
122303

UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new non-provisional applications under 37 C.F.R. 1.53(b))

Attorney Docket No. 11884 / 406701

First Inventor SCHAUB et al

Title ENTERPRISE MANAGEMENT APPLICATION
PROVIDING AVAILABILITY CONTROL
CHECKS ON REVENUE BUDGETS

Express Mail Label No.

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.		ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231																				
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original and a duplicate for fee processing)</i> 2. <input type="checkbox"/> Applicant claims small entity status. <i>See 37 CFR 1.27.</i> 3. <input checked="" type="checkbox"/> Specification [Total Pages 14] <i>(preferred arrangement set forth below)</i> <ul style="list-style-type: none"> - Descriptive title of the Invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (<i>if filed</i>) - Detailed Description - Claim(s) - Abstract of the Disclosure 4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 3]		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (<i>Appendix</i>)																				
5. Oath or Declaration [Total Pages 8] <ul style="list-style-type: none"> a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63 (d)) <i>(for a continuation/divisional with Box 18 completed)</i> i. <input type="checkbox"/> DELETION OF INVENTOR(S) <i>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</i> 		8. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i> <ul style="list-style-type: none"> a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: <ul style="list-style-type: none"> i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies 																				
ACCOMPANYING APPLICATIONS PARTS <ul style="list-style-type: none"> 9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input type="checkbox"/> 37 C.F.R. §3.73(b) Statement <input type="checkbox"/> Power of <i>(when there is an assignee)</i> Attorney 11. <input type="checkbox"/> English Translation Document (<i>if applicable</i>) 12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 13. <input type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i> 15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i> 16. <input type="checkbox"/> Non-publication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. 17. <input type="checkbox"/> Other: _____ 																						
18. If a CONTINUATING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No: _____ / <i>Prior application information:</i> Examiner _____ Group / Art Unit: _____																						
For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.																						
19. CORRESPONDENCE ADDRESS <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; padding: 5px;"><input type="checkbox"/> Customer Number or Bar Code Label</td> <td style="width: 50%; padding: 5px; text-align: center;">23838</td> <td style="width: 25%; padding: 5px; text-align: right;">or <input type="checkbox"/> Correspondence address below</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; padding: 5px;">Name</td> <td colspan="3" style="width: 75%; padding: 5px;"></td> </tr> <tr> <td style="width: 25%; padding: 5px;">Address</td> <td colspan="3" style="width: 75%; padding: 5px;"></td> </tr> <tr> <td style="width: 25%; padding: 5px;">City</td> <td style="width: 25%; padding: 5px;">State</td> <td style="width: 25%; padding: 5px;">Zip Code</td> <td style="width: 25%; padding: 5px;"></td> </tr> <tr> <td style="width: 25%; padding: 5px;">Country</td> <td style="width: 25%; padding: 5px;">Telephone</td> <td style="width: 25%; padding: 5px;">Fax</td> <td style="width: 25%; padding: 5px;"></td> </tr> </table>				<input type="checkbox"/> Customer Number or Bar Code Label	23838	or <input type="checkbox"/> Correspondence address below	Name				Address				City	State	Zip Code		Country	Telephone	Fax	
<input type="checkbox"/> Customer Number or Bar Code Label	23838	or <input type="checkbox"/> Correspondence address below																				
Name																						
Address																						
City	State	Zip Code																				
Country	Telephone	Fax																				
Name (Print/Type)	Robert L. Hails, Jr.		Registration No. (Attorney/Agent)																			
Signature			Date December 23, 2003																			

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

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FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 1000.00)

Complete if Known	
Application Number	Not assigned
Filing Date	December 23, 2003
First Named Inventor	SCHAUB et al
Examiner Name	Not assigned
Art Unit	Not assigned
Attorney Docket No.	11884/406701

METHOD OF PAYMENT (check all that apply)

 Check Credit card Money Other None Order
 Deposit Account:

Deposit Account Number

11-0600

Deposit Account Name

Kenyon & Kenyon

The Director is authorized to: (check all that apply)

 Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) during the pendency of this application
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity | Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1001	770	2001	385	Utility filing fee	770
1002	340	2002	170	Design filing fee	
1003	530	2003	265	Plant filing fee	
1004	770	2004	385	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	

SUBTOTAL (1)

(\$ 770)

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	21	-20 **	= 1	X 18	= 18	Extra Claims	Fee from below	Fee Paid
Independent Claims	5	-3 **	= 2	X 86	= 172			
Multiple Dependent				X 290	=			

Large Entity | Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1202	18	2202	9	Claims in excess of 20
1201	86	2201	43	Independent claims in excess of 3
1203	290	2203	145	Multiple dependent claim, if not paid
1204	86	2204	43	** Reissue independent claims over original patent
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2)

(\$ 190)

*or number previously paid, if greater; For Reissues, see above

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid
1051	2051	130	65	Surcharge - late filing fee or oath	
1052	2052	50	25	Surcharge - late provisional filing fee or cover sheet	
1053	1053	130	130	Non-English specification	
1812	1812	2,520	2,520	For filing a request for reexamination	
1804	1804	920*	920*	Requesting publication of SIR prior to Examiner action	
1805	1805	1,840*	1,840*	Requesting publication of SIR after Examiner action	
1251	2251	110	55	Extension for reply within first month	
1252	2252	420	210	Extension for reply within second month	
1253	2253	950	475	Extension for reply within third month	
1254	2254	1,480	740	Extension for reply within fourth month	
1255	2255	2,010	1,005	Extension for reply within fifth month	
1401	2401	330	165	Notice of Appeal	
1402	2402	330	165	Filing a brief in support of an appeal	
1403	2403	290	145	Request for oral hearing	
1451	1451	1,510	1,510	Petition to institute a public use proceeding	
1452	2452	110	55	Petition to revive – unavoidable	
1453	2453	1,330	665	Petition to revive – unintentional	
1501	2501	1,330	665	Utility issue fee (or reissue)	
1502	2502	480	240	Design issue fee	
1503	2503	640	320	Plant issue fee	
1460	1460	130	130	Petitions to the Commissioner	
1807	1807	50	50	Processing fee under 37 CFR 1.17 (q)	
1806	1806	180	180	Submission of Information Disclosure Stmt	
8021	8021	40	40	Recording each patent assignment per property (times number of properties)	40
1809	2809	770	385	Filing a submission after final rejection (37 CFR § 1.129(a))	
1810	2810	770	385	For each additional invention to be examined (37 CFR § 1.129(b))	
1801	2801	770	385	Request for Continued Examination (RCE)	
1802	1802	900	900	Request for expedited examination of a design application	
Other fee (specify)					

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

(\$ 40)

SUBMITTED BY

Complete if applicable

Name (Print/Type)

Robert H. Schaub

Registration No.
(Attorney/Agent)

35702

Telephone

(202) 220-4200

Signature

Rachel J. Koenig

Date

December 23, 2003